

# PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE  
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DEC 20 2005

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09/30/2005

**DARBY & DARBY P.C.**  
805 Third Avenue  
New York, NY 10022

**EXPRESS MAIL CERTIFICATE**  
Date: 12/20/05 Label No. 778825795-45  
I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service and that it was addressed for delivery to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

B.W. LEE  
Name (Print)

B.W. Lee  
Signature

## Certificate of Mailing or Transmission

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12/23/2005	RMERRAH1	00000120	10085484	(Depositor's name)
01	FC:2501	700.00	00	(Signature)
02	FC:1504	300.00	00	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,484	02/26/2002	Luminita Pricop	5983/OK209	4903

TITLE OF INVENTION: **HUMAN FCGAMMARIIB GENE POLYMORPHISMS FOR ASSESSING DEVELOPMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS AND COMPOSITIONS FOR USE THEREOF**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	12/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WHALEY, PABLO S	1631	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Darby & Darby

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**New York Society For Ruptured and Crippled Maintaining the Hospital For Special Surgery**  
**New York, New York**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. **\$1000.00**  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

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